

## Foster Family Home - Corrective Action Report

Provider ID: 1-512104

Home Name: Virginia Suniga, CNA

Review ID: 1-512104-4

91-1052 Kahiuka Street

Reviewer: Lisa Johnson

Ewa Beach HI 96706

Begin Date: 5/31/2019

### Foster Family Home Required Certificate [11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

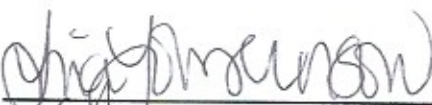
6.(d)(1) Home inspection for a 2 person CCFFH recertification made on 5/31/19. Corrective Action Report issued during home inspection with all items due to CTA by 6/31/19.

### Foster Family Home Background Checks [11-800-8]

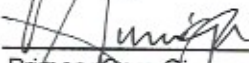
8.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

8.a.2 CG#2 has lapse in APS/CAN it was due on or by 1/7/2019, and then completed 1/29/2019.



Compliance Manager



Primary Care Giver

5/31/2019

Date

5/31/2019

Date

Community Care Foster Family Home (CCFFH)  
Written Plan of Correction for Deficiencies  
Listed in Corrective Action Report  
Chapter 17-1454

CCFFH Name: Virginia Suniga  
CCFFH Address: 91-1052 Kahuika St  
Ewa Beach HI 96704

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
8.2.2	Lapse cannot be corrected	5/31/19	Home understands the APS/CAN requirements, and will in the future book an appointment earlier to prevent lapses from happening. Home will input in calendar and upcoming due dates to prevent lapses.

Primary Caregiver's Signature: \_\_\_\_\_

Print Name: Virginia Suniga

Date of Signature: 5/31/2019